



RESEARCH REPORT

# Coaching to Improve Child Care Quality in the District of Columbia

## Perspectives of Community Leaders and Coaches

Laura Wagner

Diane Schilder

Rachel Lamb

Erica Greenberg

Catherine Kuhns

February 2024



## ABOUT THE URBAN INSTITUTE

The Urban Institute is a nonprofit research organization that provides data and evidence to help advance upward mobility and equity. We are a trusted source for changemakers who seek to strengthen decisionmaking, create inclusive economic growth, and improve the well-being of families and communities. For more than 50 years, Urban has delivered facts that inspire solutions—and this remains our charge today.

# Contents

<b>Acknowledgments</b>	<b>iv</b>
<b>Glossary</b>	<b>v</b>
<b>Executive Summary</b>	<b>vii</b>
<b>Coaching to Improve Child Care Quality in the District of Columbia</b>	<b>1</b>
Methods	3
Data Collection Procedures	3
Data Analysis	4
Study Participants	5
Findings	5
Coaches Tailor Supports for Facilities	5
Coaches Highlighted Benefits Including Improvements in Processes and Outcomes	9
Despite Process and Outcome Benefits, Coaches Highlighted Ongoing Challenges	11
Conclusion	14
<b>Appendix. Interview and Focus Group Protocol</b>	<b>15</b>
<b>Notes</b>	<b>21</b>
<b>References</b>	<b>22</b>
<b>About the Authors</b>	<b>23</b>
<b>Statement of Independence</b>	<b>24</b>

# Acknowledgments

This report was supported by the Administration for Children and Families (ACF) of the US Department of Health and Human Services (HHS) as part of a financial assistance award (Grant No. 90YE0221-01-00) for the District of Columbia Child Care Policy Research Partnership Study totaling \$1.6 million with 100 percent funded by ACF/HHS. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, ACF/HHS or the US Government. See the HHS Grants Policy Statement for more information: <https://www.hhs.gov/grants/grants/grants-policies-regulations/index.html>, under “HHS Policy Requirements.” We are grateful to ACF/HHS and to all our funders who make it possible for Urban to advance its mission.

The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders. Funders do not determine research findings or the insights and recommendations of Urban experts. Further information on the Urban Institute’s funding principles is available at [urban.org/fundingprinciples](https://urban.org/fundingprinciples).

We thank the District of Columbia Office of the State Superintendent of Education (OSSE), Division of Early Learning (DEL), for engaging as a partner in the District of Columbia Child Care Policy Research Partnership. We are especially grateful to Kathryn Kigera, DEL director of Quality Initiatives, who has been our primary point of contact from study conception through data analysis and publication. We also thank Hannah Matthews, director of policy, planning, and research for DEL, for her feedback on earlier drafts of this report, and Sara Mead, deputy superintendent for early learning for her support of the project.

We are grateful to Pilla Parker from Hurley and Associates for providing expert advice to our project team. She provided important context and coordinated the planning of the focus groups.

We also thank the quality facilitators in DC who participated in this study and offered their invaluable perspectives. Finally, we thank the Child Care Policy Research Partnership Community of Practice, including other grantees, program officers, and technical assistance experts who have enriched our work.

We thank Heather Sandstrom for her leadership as the principal investigator of the Improving Access to a Supply of Quality Care in the District of Columbia in the Aftermath of the COVID-19 Pandemic (ASQC) project and for her feedback on this report.

# Glossary

**Capital Quality.** Capital Quality is the District of Columbia’s enhanced Quality Rating and Improvement System (QRIS). It was launched in 2016, fully implemented in 2018, and began publicly posting ratings in 2019. It employs a common measure of quality across child development programs offered in public charter schools, DC Public Schools, and community-based organizations. Ratings are posted on My Child Care DC, DC’s consumer education website, which allows parents to search for, review, and compare child development facilities throughout DC. All licensed facilities in the District that primarily serve children from birth through age 5 and participate in the child care subsidy program are automatically enrolled in Capital Quality. Other licensed facilities are encouraged to participate as volunteers.

**Child Care and Development Block Grant (CCDBG) of 2014 and Child Care and Development Fund (CCDF).** The CCDBG is a federal law that authorizes CCDF spending of federal and state matching funds on child care, including child care subsidies, quality improvement, consumer education, and research.

**Classroom Assessment Scoring System® (CLASS) for Pre-K.** The CLASS is a research-based observational instrument designed to measure the quality of teacher-child interactions in pre-K classrooms. It utilizes three primary domains of teaching that are linked to student achievement and development: emotional support, classroom organization, and instructional support. DC uses the CLASS to reliably assess classroom quality and to develop supports for educators to be more effective. It is used in public schools and child care facilities that participate in Capital Quality and serve preschool-age children (ages 3 to 5).

**Continuous Quality Improvement Plan (CQIP).** A CQIP is an ongoing documented plan, based on 10 quality indicators and developed by providers in collaboration with their quality facilitator to improve processes, operations, and the quality of services. Providers develop and annually revise their CQIP with the support of their quality facilitator, who may tailor technical assistance based on the CQIP, observation assessment results, and the provider’s goals. The CQIP is developed in a QuickBase application—a secure, online database.

**Environment Rating Scales (ERS).** ERS is a measurement tool used to assess child care quality based on observational ratings of six subscales: space and furnishings, personal care routines, language and books, activities, interaction, and program structure. ERS are used to assess licensed child care facilities that

participate in Capital Quality and serve infants and toddlers (with the Infant/Toddler Environment Rating Scale, or ITERS) or are based in homes (with the Family Child Care Environment Rating Scale, or FCCERS).

**Quality facilitators.** Capital Quality employs coaches called quality facilitators who meet with child care providers to support quality improvement efforts including preparing for observations, creating continuous quality improvement plans (CQIPs), identifying quality improvement activities, and linking providers to resources. Quality facilitators provide one-on-one support and group professional development as needed.

**Quality rating and improvement system (QRIS).** QRIS is an accountability tool typically implemented at the state or county level for child care programs that rates and supports providers in improving program quality.

# Executive Summary

## Introduction

To increase quality licensed child care supply, the District of Columbia implemented Capital Quality, a quality rating and improvement system (QRIS) that includes coaching supports. Urban Institute researchers interviewed leaders who oversee coaches working to help child care facilities improve quality and conducted focus groups with coaches in spring 2023. Researchers captured insights on the quality improvement process, promising practices for working with child care providers, methods to improve quality, and challenges faced by coaches and child care facility directors and owners.

Notably, in the District, coaches who work with child care facilities to improve quality are called quality facilitators. This report refers to these facilitators as *coaches* except when we differentiate coaching offered through other initiatives in the District.

## Findings

- Coaches customize supports for child care program directors and owners based on their goals in continuous quality improvement plans (CQIPs) and unique dispositions and constraints.
- Coaches use technology to tailor quality improvement.
- Coaches reported benefits for providers, including improved confidence in learning environments and quality interactions among educators and young children.
- Some challenges for coaches include working with directors or owners who do not see the benefits of being coached and who experience motivation gaps, face difficulty scheduling meetings, and experience administrative difficulties.
- Coaches value the work of supporting small businesses and addressing structural barriers to opportunity for child care facility directors and owners.





# Coaching to Improve Child Care Quality in the District of Columbia

To increase the supply of quality licensed child care, the District of Columbia launched a new quality rating and improvement system (QRIS) called Capital Quality in 2018. The system incentivizes providers for higher quality through tiered subsidy reimbursement rates, giving higher rates to facilities with higher quality designations. Capital Quality also offers coaching to all participating providers but offers more intensive coaching to lower-rated providers as a strategy to raise quality.

Coaching child care facility directors and owners is a widely used method to enhance child care quality (Talan, Connell, and Magid 2023). Improving child care quality is one way to boost high-quality care availability for families with young children.<sup>1</sup> Boosting quality care supply is crucial to meeting families' needs as it directly impacts children's learning and development and supports families' needs (Bassok, Magouirk, and Markowitz 2021).

Coaches—termed quality facilitators in the District—work with child care facilities to improve quality. Coaching is an important aspect of Capital Quality's quality improvement efforts. These coaches work directly with center directors and owners to support quality improvement using a practice-based coaching approach. Practice-based coaching is a cyclical process for supporting effective practices that lead to positive outcomes for children and families.<sup>2</sup>

This report presents evidence about the role of coaching. The evidence is based on interviews with leaders who oversee the coaches and focus groups with coaches in spring 2023. Prior Urban Institute research reported positive provider experiences with coaching and benefits from participating (such as improved morale and knowledge of quality practices), despite challenges (Schilder et al. 2022). For the current study, the Urban research team reviewed a summary of the 2020 findings to obtain reactions and reflections about differences in 2023. This report presents findings from data collected in 2023 from the perspectives of leaders and coaches about the current benefits, promising practices, and challenges in quality improvement.

---

## BOX 2

### What Are Coaches' Responsibilities?

In the District, coaches support child care center directors and family child care home owners and directors by

- supporting quality improvement strategy development and implementation;
- guiding professional development opportunities;
- supporting Capital Quality Improvement Plan (CQIP) establishment or enhancement;
- fostering reflective practices for goals and outcomes; and
- providing staff training on progress monitoring.<sup>a</sup>

Coaching is directed at program directors because of their leadership role in quality improvement within their programs. Directors, in turn, support teaching staff in gaining the knowledge and skills needed to provide high-quality child care.<sup>a, b</sup>

Quality ratings in the District of Columbia are determined based on up to two years of valid observation data. Observation methods depend on the setting and the age groups served:

- Family Child Care Environmental Rating Scale, Third Edition (FCCERS-3), for all age groups in child development homes
- Infant/Toddler Environmental Rating Scale, Third Edition (ITERS-3), for infant and toddler classrooms in child development centers
- the Classroom Assessment Scoring System® (CLASS) for preschool classrooms in child development centers.<sup>a</sup>

Designations are currently based on a weighted average of the current and previous year's observation scores (when the previous year's observation is available). In 2024, the designations will be based on one year of valid observations, beginning in the spring. Designations classify each facility's quality as Developing, Progressing, Quality, or High-Quality, representing the extent to which a "facility provides a nurturing environment with supportive interactions that promote children's cognitive, physical and social-emotional development."<sup>a</sup> Each designation is valid for up to three years, except for the 2020–21 years, where all observations were canceled because of the COVID-19 public health emergency.<sup>c</sup> In 2022, observations resumed for CLASS and all observations were resumed in 2023.

In addition to supporting quality observations, coaches collaborate with program directors to complete the CQIPs, outlining goals and plans. The CQIP consists of 10 indicators:

- "Mission statements are reflective of both the facility and the families served;
- Curriculum implementation is aligned to DC Early Learning Standards;
- Formal and informal assessments are aligned to curriculum;

- Formal and informal assessments are implemented;
- Data is used to inform instructional and professional practices;
- Culturally and linguistically responsive practices are implemented;
- Inclusion practices are implemented;
- Developmental screenings are implemented;
- Early care and education professionals meaningfully engage in professional development;
- Family engagement promotes positive and goal-oriented relationships.”<sup>a</sup>

Coaches employ plans for continuous feedback to improve quality and identify topics covered in the monthly Communities of Practice designed for family child care providers and center directors. Some of the goals and activities leading to improved quality are to improve CLASS, ITERS, and FCCERS scores, help facilities prepare for observations, and create work plans that list specific actions needed for improvement. Collaborative efforts between coaches and providers ultimately target improved outcomes for children and families.

<sup>a</sup> OSSE (2023).

<sup>b</sup> Quality ratings in the District of Columbia are based on observation metrics: Infant/Toddler Environmental Rating Scale, Third Edition (ITERS-3), Family Child Care Environmental Rating Scale, Third Edition (FCCERS-3), and Classroom Assessment Scoring System® (CLASS) (OSSE 2023). The scores classify each facility's quality designation as Developing, Progressing, Quality, or High-Quality based on a weighted formula. Each designation is valid for up to three years, with the exception of the 2019–20 program year, where all observations were canceled because of the COVID-19 public health emergency. Observations resumed in June 2023, and new Capital Quality designations will be available in April 2024.

<sup>c</sup> See technical guidance for more information on 2019–20 and the voluntary nature of ratings in 2020–21.

## Methods

A team of Urban Institute researchers designed a mixed-methods study to capture the perspectives of coaches and leaders or administrators overseeing the coaching program. We conducted 90-minute interviews with those responsible for overseeing coaches and focus groups with coaches to hear from them firsthand about their role and experiences. Below we briefly describe the data collection procedures, characteristics of study participants, and how we analyzed the data.

### Data Collection Procedures

The Urban Institute team developed three primary data collection tools for this effort: (1) an interview protocol to capture the perspectives of leaders in the District of Columbia who oversee the coaches; (2) a focus group protocol to obtain perspectives from coaches; and (3) a web survey to obtain

demographic information about the coaches. The research team used these protocols to gather information in April 2023.

The research team developed and used semistructured interview and focus group protocols to learn about quality improvement activities and approaches, challenges and benefits of coaching, and reactions to the child care facility directors' perceptions of coaching as documented in a 2022 fact sheet.<sup>3</sup> The team also administered a survey following the focus group to obtain information about demographic characteristics and qualifications of coaches.

A trained team composed of a senior researcher and junior researcher conducted 90-minute telephone interviews with leaders overseeing the coaches. The junior researcher took near-verbatim notes and recorded the interviews for quality assurance. Interviews included questions about the characteristics of coaches, perceptions of benefits of the coaching, challenges, and reactions to a research brief the Urban team had developed based on perspectives of child care program directors.

Following interviews with leaders, the Urban research team scheduled four focus groups to occur concurrently during a regularly scheduled virtual meeting of the coaches. A senior researcher began the focus group by telling coaches that participation was voluntary. Seventeen coaches chose to participate. The research team then separated coaches into four breakout rooms. Breakout rooms were based on whether coaches worked primarily with: (a) large centers; (b) small centers; (c) home-based providers; and (d) both centers and home-based providers. A trained senior researcher led each focus group, using a protocol with similar questions. Similar to the interviews, the focus groups were recorded for quality assurance and a junior researcher took near-verbatim notes. After the focus groups, a link to a short demographic survey was distributed to the participants. Data collection happened in April 2023. The focus group protocol can be found in the appendix.

## **Data Analysis**

We summarized the survey data to describe the characteristics of participants and performed descriptive statistical analyses. We then performed qualitative coding of the interviews and focus group data by creating a coding scheme and manually applying codes to key themes that emerged based on the near-verbatim notes. The summary of survey findings is described below followed by key themes from our qualitative coding and analysis in the findings section.

## Study Participants

Two leaders who oversee the quality improvement coaches agreed to participate in the semistructured interviews. Each leader had decades of experience working with early care and education facilities, completed graduate school, and had experience supporting coaches.

Coaches who participated in focus groups were two-thirds Black, and slightly less than 20 percent identified as Latinx. About 60 percent reported speaking a language other than English at home. Spanish was the most common language other than English spoken at home, followed by Amharic, Yoruba, and Patois.

All coaches reported completing a bachelor's degree or higher, with 11 attaining a master's degree, and two with a doctoral or other terminal degree. In addition to formal degrees, coaches reported completing a range of other certifications, credentials, and training, including certifications for classroom observation measures, Child Development Associate credentials, and early childhood development credentials.

Slightly more than 40 percent of the 17 coaches that participated in the focus group spoke English only. More than half of the group reported that they spoke at least one additional language. Spanish and Amharic were the most common languages other than English spoken.

## Findings

We found that coaches tailor support to facilities and highlighted benefits that included some processes and some outcomes. We heard coaches' perspectives on challenges to the quality improvement process, heard perspectives on recent developments to the Quality Facilitator program, and read previously published Urban Institute research on quality improvement in the District of Columbia. We describe these findings in detail in the next three sections and then conclude.

### Coaches Tailor Supports for Facilities

Coaches shared that they adapt quality improvement activities to suit each facility's unique needs by considering each provider's background, characteristics, and goals identified in the Continuous Quality Improvement Plans (CQIPs). Coaches are trained in practice-based coaching<sup>4</sup> and perceive their roles as highly collaborative and innovation oriented. Practice-based coaching is a cyclical process for supporting effective practices that lead to positive outcomes for children and families. The components

are planning, engaging in focused observation, and reflecting on and sharing feedback based on the observation.<sup>5</sup> Coaches consider themselves partners in supporting facilities engaging in quality improvement. We identified multiple ways that coaches strengthen alignment between facility needs and their coaching practices.

### MOST BEGIN BY BUILDING RAPPORT

Nearly all coaches begin by establishing rapport with providers, even when met with initial reticence. Coaches told us that some providers resist coaching initially, but over time rapport-building fosters understanding of coaches' support for quality goals. One coach reported, "We go from a place of reflection. I begin by saying, 'Tell me about what's going on in the center?' Then I ask what their priorities and challenges are." Another coach reported that in the beginning she lets the providers lead the conversation once she introduces herself. One coach also reported that some providers engage with the coach only when specific concerns or needs arise and noted that in such cases the lack of rapport building can make it more challenging to address a specific concern or need.

### TAKING STOCK OF FACILITIES' NEEDS HELPS COACHES TAILOR THEIR SUPPORTS

Coaches discussed how needs vary by facility type and size and how they tailored the supports they offer in response. Examples of the tailoring are presented below:

- **Smaller facilities need enrollment support.** Some coaches reported that small centers and home-based providers face difficulties maintaining full enrollment, but a few others said some larger centers were facing the same struggles. Before the pandemic, most families learned about facilities through family and friends. However, coaches observed that the pandemic-driven enrollment decline prompted many smaller facilities to indicate that they need assistance marketing their programs.
- **Directors' and owners' roles vary.** Home-based providers and small nonprofit centers were more engaged with families, often considering themselves a community resource, seeking to provide a range of safety net supports to families. In contrast, coaches said directors at large for-profit centers tend to adopt a coordinator role and were more hands-off with families on a day-to-day basis.
- **Large centers have more resources, but some directors lack authority.** Some coaches note organizational structures in large centers can hinder change. For example, if the director lacks authority despite willingness to change practices, coaching might not yield desired results.

- **Small facilities adapt to changes more easily yet often require added resources for significant changes.** Several coaches told us smaller facilities often lack financial and staff capacity to address quality improvement goals. Despite this, changes are smoother when the owner or director has fewer classrooms and educators, streamlining buy-in processes.
- **Racial equity is an important consideration for all facilities but especially for facilities owned by women of color.** Coaches stressed the importance of addressing racial inequities, considering the majority of directors, owners, and educators in DC are women of color. Leaders and coaches told us that allocating public resources, including coaching and business support, to prioritize facilities in neighborhoods with high percentages of subsidy-eligible families is crucial. Yet coaches told us that some providers in majority-Black wards such as Wards 7 and 8 did not have a website for their facility. One coach reported, “So maybe there is someone in Ward 7 that doesn’t know there is a center [here] that is going to another ward [because that center has a website.” (All facilities are required to be listed on “My Child Care DC, the government-sponsored website,<sup>6</sup> but only some have their own websites.) Several coaches told us they believe helping facilities with marketing is a racial equity concern. Coaches reported that these supports are especially important for predominantly Black and Latinx women who are affected by structural barriers to opportunity.

#### COACHES’ CUSTOMIZED APPROACHES TO MEET PROVIDERS’ NEEDS

Coaches reported customizing supports to meet directors’ and owners’ individual needs. They tailor offerings based on individual needs and personalities, choosing trainings and supports accordingly. They told us the following:

- **Some providers benefit from hands-on engagement.** Coaches vary the intensity of the support they offer based on directors’ and owners’ preferences for interactive or less intensive approaches.
- **Several coaches told us some directors and owners prefer in-person coaching.** Coaches told us this is especially the case for providers who are less tech savvy.
- **Cultural competence is important to consider and varies by provider type.** Coaches highlighted the importance of cultural competence in connecting with different types of providers. Home-based providers, who are mainly Black and Latinx women running their own businesses, often value breaking bread and sharing in community with coaches, while this is less important for larger center-based providers. The personal nature of entering providers’ homes

underscores the importance of understanding preferences, alongside needs, for effective interaction.

- **Multilingual coaches offer enhanced tailored support.** Language fluency is key for building trust and supporting quality improvement, as coaches emphasized. For example, one coach assists providers with “understanding, translating, interpretation, and helping with communications gaps... [these language supports...] are a success story.”

#### COACHES REGULARLY PROVIDE SUPPORTS USING HYBRID FORMATS

Since the onset of the COVID-19 pandemic, most coaches now offer hybrid support. This transition has bolstered engagement with providers and enabled directors to attend community-of-practice meetings from their facilities. And requests for technology support so common during the early pandemic have waned, signaling providers’ adaptations and resilience. While some still prefer in-person meetings, hybrid approaches offer coaches the flexibility to tailor support to providers’ needs.

---

*Sometimes providers struggled to attend before COVID-19 when meetings were only on site. There was a huge jump in engagement once we went virtual. We all got thrown into Zoom, but providers were willing to be resilient, to take on the virtual platform...A favorite experience is seeing them keep showing up, try new things with me, still hold that trust. That’s the biggest triumph I’ve seen so far.*

—coach

---

#### MOST COACHES ENGAGE WITH DIRECTORS AND OWNERS BUT OCCASIONALLY SUPPORT OTHER FACILITY STAFF

Coaches primarily target directors, but exceptions arise. For facilities that meet all CQIP criteria, coaches engage educators and other staff directly, a practice coaches report is particularly beneficial when language barriers exist between directors and educators. That is, in some instances the coach speaks the same language as the educators, but the director does not speak the language of the educators. In these cases, coaches are asked to translate. Coaches reported this is especially important to equitably support quality across facilities.



## COACHES REPORTED SUPPORTING PROVIDERS' PARTICIPATION IN COMMUNITIES OF PRACTICE TO ENHANCE NETWORKS AND QUALITY

Coaches support directors individually and lead monthly communities of practice, which have separate sessions for center-based providers and family-child care providers so each learn from their peers. Coaches told us that the sessions were offered separately based on feedback provided by participating directors and owners. We also heard from leaders and coaches that coaches play an important role in bringing together the different components of Capital Quality into a cohesive set of quality improvements.

### **Coaches Highlighted Benefits Including Improvements in Processes and Outcomes**

Coaches told us about several benefits of the process of coaching and also reported some outcomes. Coaches reported beginning by building trust.

## BUILDING TRUST IS IMPORTANT TO FOSTER QUALITY IMPROVEMENTS, AND SEVERAL COACHES REPORTED THEY HAVE SEEN IMPROVEMENTS IN TRUST WITH FACILITIES

Several coaches emphasized trust's role in establishing a foundation to support directors' goals. One coach noted a director's remarkable buy-in, highlighting a once-reluctant director who later asked for a college letter of reference. The coach pointed out that the director's pursuit of a degree is evidence of her commitment to improving the quality of her facility.

## BUY-IN HAS INCREASED IN RECENT YEARS

One coach reported, "People are bought in to the spirit of what Capital Quality is supposed to do." Most reported that directors and owners are more aware of formal assessments and quality improvement requirements after working with a quality facilitator. Directors' self-confidence as leaders also grew. Following a coaching session, "lightbulb" moments occurred, with providers excited about learning something new. Coaches said providers felt like, "they can go into observations really knowing what to do."

## SOME FACILITIES' WEBSITE IMPROVEMENTS REFLECT INCREASED BUSINESS SKILLS

Several coaches attributed increased business skills to their work with directors and owners. Yet coaches reported that some still need help marketing openings to families searching for early care and education. Coaches acknowledged some providers have limited marketing and outreach capacity. In response, some coaches have assisted with marketing. For example, one coach mentioned helping providers with advertising so they could maintain full enrollment.<sup>7</sup>

## THE IMPORTANCE OF MENTAL HEALTH AND WORKFORCE WELL-BEING HAS GAINED PROMINENCE IN CHILD CARE FACILITIES

Coaches noted that many facility directors and their staff have experienced stress in recent years, prompting efforts to address staff mental health and well-being. Coaches reported that their observations from working with providers are consistent with findings from a 2021 early educator workforce survey that noted the stress related to working conditions and changes in income (Hernandez-Lepe et al. 2022). For example, one coach told us, “Several of our programs created a wellness policy since COVID-19. Even directors noticed that teachers were really suffering. So, [I asked them:] what are some things the programs can do to support teachers?” She noted that she aided the facility in implementing the supports the teachers needed, including ensuring lunch breaks and taking steps to help teachers with a sense of professionalism.

## COACHES REPORTED IMPROVEMENTS IN DIRECTORS’ AND OWNERS’ ATTITUDES ABOUT CAPITAL QUALITY

Coaches reported seeing positive changes in directors’ mindsets toward Capital Quality. Coaches told us they believe directors’ knowledge of the importance of quality improvement processes has translated into greater comfort with formal assessments.

## DIRECTORS FOCUS ON SPECIFIC GOALS TO GUIDE QUALITY IMPROVEMENT PROCESSES

Coaches set quality improvement goals aligned with the quality improvement standards, designations, and the directors’ interests. Coaches work with the directors to set goals based on conversations with the director to prioritize areas of improvement to best meet the facility’s needs. Several coaches reported that the process of developing the CQIP can be beneficial to owners and directors to prioritize work.

## OBSERVATION SCORES ARE INCREASING, AND FACILITIES ARE IMPLEMENTING QUALITY IMPROVEMENTS

Coaches shared success stories, noting facility gains in CLASS scores. Their perceptions of improvements in CLASS scores are consistent with findings from published analyses of administrative data from the District (Willenborg, Greenberg, and Lou 2023). Moreover, a previous Urban Institute study showed the number of high-quality slots increased from November 2019 to September 2022.<sup>8</sup> We also heard from coaches that their work to support curriculum enhancements, improve environmental ratings, and strengthen family engagement is yielding improvements in independent observations of quality.

## COACHES WORK WITH FACILITIES ON ACTIONABLE STEPS TO IMPROVE QUALITY

Coaches reported applying expertise to guide directors and owners in taking concrete measures aligned with identified goals. All of the coaches have worked in child care, fostering relatability with providers. One coach stated, “We have studied every part of the quality improvement plan. We are experts. It is valuable to be able to take that to providers and help them connect the dots. Alignment is the biggest feather in my cap. We show them how quality in one area supports quality in another.”

## COACHES BRING A RANGE OF STRENGTHS TO THEIR ROLES

All of the coaches hold a minimum of a bachelor’s degree, which is a program requirement, and many have graduate degrees, positioning them for success in working with child care directors and owners. Their varied language skills enhance their ability to work with directors, especially with providers who speak languages other than English. The Quality Facilitator program is required to have coaches who speak Spanish and Amharic because these are the two most commonly spoken languages among DC’s child care providers after English. Most do not have CDAs—the required entry-level certification for home caregivers and assistant teachers in centers—but have degrees related to early education. Coaches also complete certifications to assess quality, complemented by other trainings and credentials. Coaches and leaders stressed the significance of these scales in evaluating providers’ quality, as assessors use them for program ratings.

---

*One of my programs received their CLASS scores last week, and this is the first time that they received a score where they went above the floor on all areas on the assessment. And instructional support [increased significantly].*

*—coach*

---

## Despite Process and Outcome Benefits, Coaches Highlighted Ongoing Challenges

Coaches reported several ongoing challenges ranging from the administrative burden some providers experience to difficulty obtaining buy-in. Some of the challenges are specific to coaching, and others are problems that affect the context of coaching such as workforce issues.

## **SOME FACILITIES EXPERIENCE CHALLENGES WITH SPECIFIC ASPECTS OF CAPITAL QUALITY**

Coaches reported that coaching participation can be burdensome for some providers. Specifically, several reported some directors and owners have difficulty completing the CQIP. Although using Zoom with directors and owners has made it easier for some providers to fit coaching in between other activities, some facility directors and owners find it burdensome to complete the CQIP data entry requirements. Coaches told us the process is arduous and complicated because of the online interface. They suggested combining data entry for the CQIP and other Capital Quality requirements into one interface. Doing so would create efficiencies in entering the information only once a year, instead of entering information separately into different databases multiple times.

Similarly, coaches told us they are often asked to provide stronger business supports and other types of assistance that go beyond their role in supporting quality improvements. For example, according to coaches, many facilities have challenges recruiting families due to a lack of dedicated websites and limited familiarity with consumer education. Several mentioned that smaller centers and family child care providers are now struggling to maintain full enrollment and lack awareness of marketing strategies for achieving full enrollment, asking them to provide such supports. While coaches are not paid to provide such supports, some reported assisting providers with these needs as they recognize the importance of full enrollment in obtaining adequate funding to offer quality services.<sup>9</sup> Moreover, several told us they help some facility directors and owners navigate OSSE's requirements and systems, apply for certain grants, and complete required administrative functions.

Finally, some told us about challenges with some scales and assessments that are not translated fully. The District support materials are translated into Spanish and Amharic. Nonetheless, coaches reported that the absence of the CLASS assessment guide translated into Spanish with high fidelity poses extra challenges for providers and noted the importance of full translation of all the assessments used in Capital Quality. Coaches also noted that the Infant and Toddler Environmental Rating Scale (ITERS®) is available in Spanish, but some coaches believe it is not translated with full fidelity and is not available in other languages.

## **BUY-IN CHALLENGES REPORTED FOR AMONG SOME DIRECTORS AND OWNERS**

Some coaches reported varying degrees of buy-in among directors and owners, noting that some are not engaged at the levels needed to bring about quality improvement. Coaches told us some directors and owners resist completing action items or adhering to quality improvement timelines. In other instances, coaches said some providers tell them they feel they know what they are doing and do not want the coach's help.

Administrator turnover can also disrupt the development of the relationship between the administrator and coach. Coaches reported that administrators often leave their roles, which means the coaches need to invest substantial time building relationships with new administrators and providing background information about Capital Quality and the role of coaches in working with administrators to improve quality.

Several coaches also told us some providers are confused when coaches the facility hires for specific supports such as curriculum implementation give guidance that conflicts with Capital Quality requirements. Some told us they believe these privately hired coaches have lower qualifications and are not aware of Capital Quality requirements.<sup>10</sup> Capital Quality coaching positions have stringent educational requirements. Quality facilitators told us some providers are skeptical when they hear conflicting information, creating challenges building trust with some directors and owners.

#### WORKFORCE ISSUES AFFECTING ALL CHILD CARE FACILITIES CREATE CHALLENGES FOR COACHING

Coaches told us about a number of factors affecting child care facilities that affect coaching, including staffing shortages affecting child care facilities and low compensation for directors. Specifically, frequent staff turnover poses hurdles for quality improvement, according to coaches. Recent Urban Institute research highlighted that for some providers low enrollment causes staffing challenges, and for some other providers staffing challenges limit their ability to increase enrollment (Lauderback et al. 2023). Without the ability to hire more staff, coaches told us that directors often take on more teaching responsibilities. The coaches reported that directors are balancing various tasks beyond administration, often because of inadequate staff numbers. Some directors primarily teach because they need to fill staffing gaps, while challenges in recruiting families and processing subsidy paperwork cause significant delays. Coaches told us enrollment struggles are especially acute in Wards 7 and 8 because of subsidy paperwork delays, raising racial and economic equity concerns. These delays disproportionately impact people of color, specifically Black and Latinx families. Facilities with substantial subsidized child care utilization face heightened financial vulnerability amid paperwork delays, according to coaches.

Coaches also told us they believe some directors they work with should be eligible for the DC Early Childhood Educator Pay Equity Fund. This fund provided direct payments to child care teachers and assistant teachers in FY 2022 and 2023, with plans to channel payments through facilities in FY 2024 (Greenberg et al. 2023). Directors investing substantial time in child care duties sometimes question their ineligibility for the fund. Coaches told us about cases where directors returned to teaching roles to access

payments. Several also reported they saw talented teachers declining promotions to director roles because of the low pay, posing challenges to the director pipeline and quality improvement in the future.

## Conclusion

Improving quality in child care programs is crucial for improving children's outcomes. Coaches' insights into quality improvement benefits and challenges offer valuable input for Capital Quality. Findings about coach-facility interactions can guide the implementation of supports for coaches and directors such as more specific guidance about how to build rapport and engage owners and directors who are reluctant to participate. Coaches in DC report quality improvements through their work, though challenges persist. Although coaching is a systemic solution to improve child care quality, it does not directly address other problems such as the high cost of child care for families and widespread staffing shortages.<sup>11</sup>

This report underscores coaches' important role in supporting quality that they believe is leading to documented improvements. However, questions remain for future research. Data analyses on the number of hours, types of engagements, and facility quality could provide insights about the relationship between intensity and type of coaching and quality. More research is needed to explore child care directors' and educators' perspectives about workforce compensation and turnover. Evidence from coaches and leaders overseeing the coaches and quality improvement efforts suggests coaches play a key role in DC's quality improvement system.

# Appendix. Interview and Focus Group Protocol

## Access to a Supply of Quality Care in the District of Columbia Abridged Group Interview Guide for Quality Facilitators

Facilitator: We are going to go into breakout rooms so we can have smaller groups. Please select the following rooms:

- large centers
- small centers
- family child care providers
- mixed

Each breakout room facilitator: Nice to meet you. My name is X, and I am a researcher at Urban Institute. Do you have any questions before we begin?

Over the next hour, we will discuss your role as a quality facilitator, and we will ask for your reflections on a fact sheet we produced last year. But before we turn to those topics, let's go around and each introduce ourselves. Please use your first name only.

Now I'm interested in hearing about benefits of the quality improvement you provide, and then I'll ask a few questions about your backgrounds.

### Quality Improvement Benefits

1. To begin, we are interested in hearing your favorite success story working with providers to improve quality.
  - a. Could you briefly describe a favorite experience?
  - b. What made it your favorite experience?
  - c. What do you think is most beneficial about the quality improvement supports you offer?  
*Probe to find out if others have similar or different experiences.*

## Quality Improvement Mode, Frequency, and Caseloads

1. We understand that quality facilitators who meet one-on-one with directors, online, and facilities also have opportunities for large group virtual and in-person professional development.
  - a. Can you please tell us about your initial interactions with directors and staff? How do you establish relationships initially? How does this change as you get to know the directors?
  - b. How has the way you work with facilities changed in recent years?
  - c. What way of engaging facilities do you think works best? *Probe to find out about quality facilitator supports, large-group professional development, etc.*
  - d. How does this vary by setting type—centers versus homes and expanded homes?
  - e. How does this vary by topic or type of quality improvement the facilities are working on?
  - f. How does it vary by the facilities' quality designation?
  - g. How does it vary based on characteristics of children and families (ages of children in attendance, language of children and parents, special education status, etc.)?
  - h. How does it vary based on whether the facility offers nontraditional-hour care?
  - i. How does it vary based on the share of facilities' funding that comes from public sources? And whether facilities determine subsidy eligibility and copayments or not and percentage of subsidy families attending the facility?
  - j. How does it vary based on "readiness" to participate or interest in participating?
  - k. Does the mode of engaging with facilities vary based on how well you know the directors?
  - l. *Probe to find out if others have similar or different experiences.*
2. How has the frequency of meeting with facilities changed?
3. How have your caseloads changed since Capital Quality originally rolled out?
4. How has the distribution of facilities participating changed across the District?

## Goals, Topics, and Content of Quality Improvement

1. We would like to hear more about the development of the CQIP. How do you begin the process of identifying the goals?
  - a. What are the most common goals you have worked on with facilities?
2. How have the topics you work on with facilities changed?



- a. How has the pandemic affected the topics?
  - b. How has the Pay Equity Fund affected topics?
  - c. How has staff turnover affected the topics and the way you work with directors? *Probe to ask about how the development of the CQIP has changed, other changes such as preparation for observations, etc.*
  - d. *Probe to find out if others have similar or different experiences.*
3. What topics do you think are most important for all facilities? Probe to find out about topics related to facilities' "readiness" to participate in quality improvement, specific policies and policy updates, content, pedagogy, cultural and linguistic competence, pay equity, pandemic-related supports, supports in accessing pay-equity, etc.). Probe to find out if others have similar or different experiences.
  4. What topics do you believe need to be better tailored based on quality level? Probe to find out if others have similar or different experiences.

## Challenges

1. What are the biggest challenges you have experienced in supporting facilities?
  - a. How does this vary by quality designation?
  - b. Any challenges unique to centers, homes, or expanded homes?
  - c. How does this vary by facilities' interest and "readiness" to engage in quality improvement?
  - d. How does this vary by the ages of children who are in attendance?
  - e. How does this vary for facilities that provide services to families accessing subsidies?
  - f. How does this vary for facilities offering nontraditional-hour care?
  - g. How does it vary based on the share of facilities' funding that comes from public sources? And whether facilities determine subsidy eligibility and copayments or not and percentage of subsidy families attending the facility?
  - h. How does this vary by content and topic? (*probe about CQIP and technology as well as specific content*)
  - i. What other factors do you think create challenges?
  - j. *Ask group if similar or different perceptions.*
2. Do you believe any quality facilitator activities do not have much of a positive impact?
3. What recommendations do you have to address these challenges?

## Benefits

1. In what ways have you seen quality improve?
  - a. What has the biggest positive impact? Probe to find out if the benefits are at the facility, classroom, or child level.
  - b. How does this vary for facilities at different quality designations? Any differences across centers versus homes?
  - c. How does this vary based on director's interest and "readiness" to engage in quality improvement?
  - d. How does this vary by characteristics of children and families in attendance (such as the ages of children who are in attendance, language, special education status, etc.)?
  - e. How does this vary for facilities offering nontraditional-hour care?
  - f. How does it vary based on share of facilities' funding that comes from public sources? And whether facilities determine subsidy eligibility and copayments or not and percentage of subsidy families attending the facility?
  - g. How does this vary by content and topic? (*probe about CQIP and technology as well as specific content*)
  - h. How do you think your work on quality improvement plans has impacted the supply of quality care available to families? *Probe to find out if these benefits are related to reduced staff turnover, specific professional development, or coaching.*
  - i. *Ask group if similar or different perceptions.*

## Context

1. What other factors are affecting your work as a quality facilitator?
  - a. *Probe for similar or different perceptions.*

## Changes from Working with Directors to Working with Teaching Staff

1. We understand that quality facilitators are working with directors and for facilities that have met all of the 10 quality indicators; you sometimes also work directly with teaching staff.
  - a. Has anyone worked directly with teaching staff? What are your perceptions of the shift from working with the director to also working with other staff?
  - b. What challenges have you experienced in working with staff beyond the director?

- c. Do you have recommendations about working with all staff versus working primarily with the directors?
- d. *Probe to find out if others have similar or different experiences.*

## Reactions to Coaching Fact Sheet

Our project has developed several products including a fact sheet on the role of quality facilitators in the District of Columbia. We shared the fact sheet with you and want to go over some of the key findings to hear whether these resonate with you or if you have divergent perspectives, so we make sure to capture that in any future reports. Again, we will put a link to the fact sheet in the chat for anyone who has not had a chance to read it yet:

<https://www.urban.org/research/publication/capital-quality-offers-individualized-coaching-support-quality-improvement>.

1. What are your overall reactions? *(Probe to ask how findings vary based on the range of facility characteristics. Also probe to find out if others have similar or different experiences.)*
  - a. What findings are most consistent with your experiences? *(probe to find out if others have similar or different experiences.)*
  - b. What findings are less consistent with your experiences? *(probe to find out if others have similar or different experiences.)*
  - c. What important themes are missing? *(probe to find out if others have similar or different experiences.)*

## Dissemination

1. Do you have recommendations for us to disseminate these resources to be most useful to people like yourself working on improving the supply of quality of child care in the District of Columbia?

## Recommendations

1. What recommendations do you have for the District to improve Capital Quality?
  - a. What recommendations do you have to improve the quality of your work? To address equity?

- b. Do you have other recommendations about what is needed to improve the supply of quality care in the District of Columbia?
- c. *Probe to find out if others have similar or different experiences.*

## Quality Facilitator Training and Supports

- 1. What training, supports, and information do you think are essential for QFs?
  - a. What is most important? *(Probe to find out about specific policies and policy updates, skills in relationship-building, content related to curriculum, pedagogy, cultural and linguistic competence, CQIP, work with families, tailoring supports to children with special needs, training or supports about the Pay Equity Fund, about subsidy policy, etc.)*
  - b. What do you think is not needed?
  - c. Are there supports or training that you think need to be added? *(Probe to find out about specific policies and policy updates, relationship-building skills, content related to curriculum, pedagogy, cultural and linguistic competence, CQIP, work with families, tailoring supports to children with special needs, training or supports about the Pay Equity Fund, about subsidy policy, etc.).*
  - d. *Probe to find if others have similar or different experiences.*

## Other

Do you have other comments about Capital Quality and the supply of quality care in the District of Columbia that we have not yet asked about?

# Notes

- <sup>1</sup> Eleanor Lauderback, Diane Schilder, Heather Sandstrom, Catherine Kuhns, “Capital Quality Offers Individualized Coaching to Support Quality Improvement: Insights from Child Care Providers in the District of Columbia,” Urban Institute, June 21, 2022, <https://www.urban.org/research/publication/capital-quality-offers-individualized-coaching-support-quality-improvement>.
- <sup>2</sup> “Practice-Based Coaching: What Is Practice-Based Coaching?,” National Center on Early Childhood Development, Teaching, and Learning, accessed December 15, 2023, <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/pbc-handout.pdf>.
- <sup>3</sup> Eleanor Lauderback, Diane Schilder, Heather Sandstrom, and Catherine Kuhns. “Capital Quality Offers Individualized Coaching to Support Quality Improvement: Insights from Child Care Providers in the District of Columbia.”
- <sup>4</sup> “Practice-Based Coaching: What Is Practice-Based Coaching?,” National Center on Early Childhood Development, Teaching, and Learning.
- <sup>5</sup> “Practice-Based Coaching: What Is Practice-Based Coaching?,” National Center on Early Childhood Development, Teaching, and Learning.
- <sup>6</sup> “My Child Care DC,” DC Office of the State Superintendent of Education, accessed January 19, 2024, <https://mychildcare.dc.gov/>.
- <sup>7</sup> The District of Columbia Shared Services Business Alliance also provides support to facilities including marketing support. See “Shared Services Business Alliance for Child Development Homes, Expanded Child Development Homes and Child Development Centers Licensed in the District of Columbia,” DC Office of the State Superintendent of Education, accessed December 15, 2023, <https://osse.dc.gov/sharedservices>.
- <sup>8</sup> Peter Willenborg, “How Did DC’s Child Care Supply Change during the COVID-19 Pandemic?,” *Urban Wire* (blog), August 10, 2023, <https://www.urban.org/urban-wire/how-did-dcs-child-care-supply-change-during-covid-19-pandemic>.
- <sup>9</sup> DC is now ordering some business supports through the Shared Services Business Alliance (SSBA). The SSBA services are open to all licensed facilities in the District.
- <sup>10</sup> In DC, publicly funded coaches have similar qualification requirements, but privately hired coaches or technical assistance providers have different requirements.
- <sup>11</sup> The District of Columbia is supporting the Early Childhood Educator Pay Equity Fund to address issues of early educator compensation and has shifted the subsidy approach to use a Cost-of-Quality estimation model to address issues with the cost of care. Nonetheless, these are separate efforts, and it is important to note that while coaching is important, it is not sufficient to address these bigger challenges.

# References

- Bassok, Daphna, Preston Magouirk, and Anna J. Markowitz. 2021. "Systemwide Quality Improvement in Early Childhood Education: Evidence From Louisiana." *AERA Open* 7: 23328584211011610. <https://doi.org/10.1177/23328584211011610>.
- Greenberg, Erica, Victoria Nelson, Justin B Doromal, Heather Sandstrom, Soumita Bose, and Eleanor Lauderback. 2023. "Toward Pay Equity: A Case Study of Washington, DC's Wage Boost for Early Childhood Educators." Washington, DC: Urban Institute.
- Hernandez-Lepe, Fernando, Heather Sandstrom, Michelle Casas, and Erica Greenberg. 2022. "The Pandemic's Effects on Early Educators' Employment and Well-Being: Findings from the District of Columbia Child Care Policy Research Partnership." Washington, DC: Urban Institute.
- Lauderback, Eleanor, Eve Mefferd, Soumita Bose, Heather Sandstrom, and Erica Greenberg. 2023. *Child Care Staffing and Enrollment in the Wake of the Pandemic: Findings from Interviews with Child Care Directors in the District of Columbia*. Washington, DC: Urban Institute.
- OSSE (Office of the State Superintendent of Education). 2023. *A Guide to Capital Quality*. Washington, DC: OSSE.
- Schilder, Diane, Heather Sandstrom, Eleanor Lauderback, Catherine Kuhns, Natalie Spievack, Erica Greenberg, Peter Willenborg. 2022. *Child Care Providers' Reflections on Quality Improvement: District of Columbia Child Care Policy Research Partnership Study*. Washington, DC: Urban Institute.
- Talan, Teri, Wendy Connell, and Marina Magid. 2023. "What Leaders Do: Embed Systems of Continuous Quality Improvement." Chicago: National Louis University, McCormick Center for Early Childhood Leadership.

# About the Authors

**Laura Wagner** is a research analyst in the Center for Labor, Human Services, and Population at the Urban Institute. She graduated with high honors from Swarthmore College, where she majored in political science and economics. At Swarthmore, Wagner's research focused on the economics of education in Chester, Pennsylvania.

**Diane Schilder** is a senior fellow in the Center on Labor, Human Services, and Population. Her research focuses on access to and quality of child care and early education and how policies can support more aligned services for children and families. She serves as senior advisor for the District of Columbia Child Care Policy Research Partnership.

**Rachel Lamb** is a research assistant in the Center on Education Data and Policy at the Urban Institute, focusing on Pre-K–12 education policy issues. Before joining Urban, Lamb worked at the Kinder Institute for Urban Research as a research assistant with the Houston Education Research Consortium and interned with the US Department of State as part of the Race, Ethnicity, and Social Inclusion Unit.

**Erica Greenberg** is a principal research associate in the Center on Education Data and Policy and coprincipal investigator of the District of Columbia Child Care Policy Research Partnership. Her research spans early childhood and K–12 education, focusing on programs and policies like public prekindergarten, Head Start, child care subsidies, and home visiting.

**Catherine Kuhns** is a senior research associate in the Center on Labor, Human Services, and Population. Her research focuses on child welfare and public programs that support the well-being of low-income children and families.

## STATEMENT OF INDEPENDENCE

The Urban Institute strives to meet the highest standards of integrity and quality in its research and analyses and in the evidence-based policy recommendations offered by its researchers and experts. We believe that operating consistent with the values of independence, rigor, and transparency is essential to maintaining those standards. As an organization, the Urban Institute does not take positions on issues, but it does empower and support its experts in sharing their own evidence-based views and policy recommendations that have been shaped by scholarship. Funders do not determine our research findings or the insights and recommendations of our experts. Urban scholars and experts are expected to be objective and follow the evidence wherever it may lead.





500 L'Enfant Plaza SW  
Washington, DC 20024

[www.urban.org](http://www.urban.org)